Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).					Complete if Known					
FEE TRANSMITTAL					Application Number 10/560,		00			
For FY 2008					Filing Date 5/12/20					
FULT 1 2000					First Named Inventor Jiming					
Applicant claims small entity status. See 37 CFR 1.27					Examiner Name Vishal		atel			
TOTAL AMOUNT OF PAYMENT (\$) 930,00					Art Unit         3676           Attorney Docket         0815 - 05367					
METHOD OF PAYMENT (check all that apply)										
Check Credit Card Money Order None Other (please identify):										
Deposit Account Deposit Account Number: 23-0650 Deposit Account Name:										
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)										
Charge fee(s) indicated below  Charge fee(s) indicated below, except for the filing fee										
Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17										
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.										
FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.)										
1. BASIC FILING, SEARCH, AND EXAMINATION FEES										
	FILING FEES SEARCH F			CH FEES	<b>EXAMINATION FEES</b>					
	Small Entity			mall Entity	Small Entity					
Application Type	<u>Fee (\$)</u>	Fee (\$)	<u>Fee (\$)</u>	Fee (\$)	<u>Fee (\$)</u>	Fee (\$)		Fees P	<u>'aid (\$)</u>	
Utility	310	75	510	255	210	105	_		Mark to design the same and the	
Design	210	105	100	50	130	65	_		·····	
Plant	210	105	310	155	160	80	_			
Reissue	310	155	510	255	620	310	_			
Provisional	210	105	0	0	0	0	_			
·									Small Entity	
Fee Oescription Fee (S)								<u>Fee (\$)</u>		
Each claim over 20 (including Reissues) 50								25		
Each independent claim over 3 (including Reissues)  Multiple dependent claims								210 370	105 185	
	20 or HP	Extra Clai	ms Fe	e (\$)	Fee Paid (\$)		Mı		ependent Claims	
-		=	X	-indiana.	10011110101			Fee (\$)	Fee Paid (\$)	
HP = highest number of total claims paid for, if greater than 20.										
Indep. Claims - 3	3 or HP	Extra Clai	ms Fo	<u>ee (\$)</u>	Fee Paid (\$)					
HP = highest number of	independent cl	aims paid for, if g			***************************************					
3. APPLICATION SIZE FEE  If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$260 (\$130 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).  Total Sheets  Extra Sheets  Number of each additional 50 or fraction thereof  Fee (\$)  Fee Paid (\$)										
100 = / 50 = (round up to a whole number) x =										
4. OTHER FEE(S)  Non-English Specification, \$130 fee (no small entity discount)										
Other (e.g., late filing surcharge): RCE Fee (\$810) and one-month Extension of Time (120)									930	
SUBMITTED BY										
Signature Registration No. 20004 T. J. 412 471 8915										
(Attorney/Agent)										
Name (Print/Type)	David C.	Hanson					Date	May	13, 2008	